Name in Full Peggy Ballard.

CERTIFICATE OF DEATH

MARYLAND

Died at Town Girdletree County Worcester

Date of death 1904 Month Feb Day 23 Age Years 4 Months Days

Sex Female Color or Race colored Birthplace Worcester Co

Married, Single or Widowed Single Occupation at home

Name of Wife or Husband —

Father's Name Chas Ballard Father's Birthplace Worcester Co

Mother's Maiden Name Ann Dykes Mother's Birthplace " "

Name of person giving information Isaac Stevens How related to deceased Cousin

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Swallowed Concentrated Lye How long 10 days

Immediate Starvation How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Saml L Evans

Address Girdletree Md

Accident or Suicide?

LIBRARY BUREAU A6881G

Name in Full: Liggie Bassett.

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Berlin. County: Worcester.

Date of death: Month: Feb. Day: 8. 1904. Age: Years: 13. Months: ——. Days: ——.

Sex: Female. Color or Race: Black. Birthplace: Md.

Occupation: None. Where Residing if not at place of death: ——.

Married, Single or Widowed: Single. Name of Wife or Husband: ——.

Father's Name: Unknown? 93. Father's Birthplace: ——.

Mother's Maiden Name: Sarah Bassett. Mother's Birthplace: ——.

Name of person giving Imformation: Arnold Pillo. How related to deceased: ——.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cold. How long: ——.

Immediate: Pneumonia. How long: One week.

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: Elie Hollan D

Address: Berlin Md

Accident or Suicide? ——

LIBRARY BUREAU

Name in Full: John Beckords child

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Berlin County: Worcester

Date of death: Month: 9-26 Day: 5- Year: 1904

Age: Years: Months: Days: 9

Sex: Male Color or Race: Black Birthplace: Maryland

Occupation: Where Residing if not at place of death:

M., Single or Widowed: Name of Wife or Husband:

Father's Name: John Beckords Father's Birthplace: Berlin

Mother's Maiden Name: Mother's Birthplace:

Name of person giving Information: How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: C——— How long: ———

Immediate: Telanus How long: 2 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E Holland

Address: Berlin Md

Accident or Suicide?

LIBRARY BUREAU A 90816

Name in Full Jacob Pennewill

Certificate of Death

Died at Town Pocomoke County Worcester MARYLAND

Date 19 Jan Month 27 Day 3 | Age Y. 65 M. D. | Native of Md | Occupation Farmer

Male ~~Female~~ | ~~White~~ Colored | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ Number of children living 5

Husband ~~Wife~~ of Betsy Ann Pennewill

Father's Name Driftan Mother's Maiden Name Driftan Kenna

Cause of Death: Primary Paralysis Hypertrophy How long sick 2 days

Immediate Apoplexy Accident, ~~Suicide, Homicide~~

Reported by J. D. Dickerson M.D.

Address Pocomoke Worcester Co. Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79888

Name in Full: Minnie Brittingham

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Sykesville — County:

Date of death: Month: 2 — Day: 12 — Year: 1904 — Age: Years: 35 — Months: — Days:

Sex: Female — Color or Race: White — Birthplace: Md

Occupation: House wife — Where Residing If not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband: Geo W Brittingham

Father's Name: James F Buckel — Father's Birthplace: Md

Mother's Maiden Name: [illegible] — Mother's Birthplace: "

Name of person giving Information: J E Stinson — How related to deceased: None

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Consumption — How long:

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr E J Dickson

Address: Berlin Md

Accident or Suicide?

LIBRARY BUREAU A88818

Name in Full: Harriet Jane Carey

CERTIFICATE OF DEATH

MARYLAND

Died in: Town: Near Pocomoke City; County: Worcester

Date of death 1904	Month	Day	Years	Months	Days
	Feb	14	Age 65		

Sex: Female | Color or Race: Colored | Birthplace: Worcester Co

Married, Single or Widowed: Married | Occupation: Domestic

Name of Wife or Husband: Jno Carey

Father's Name: William Gillmore | Father's Birthplace: Worcester Co

Mother's Maiden Name: Mary A | Mother's Birthplace: " "

Name of person giving information: Same Bunting | How related to deceased: Neighbor

92

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Bronchio Pneumonia | How long: 6 or 8 days

Immediate: Exhaustion | How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Jno C Quinn

Address: Pocomoke City Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Rosia Dail

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Snowhill — County: Worcester

Date of death: Month: Feb — Day: 14 — 1904

Age: Years: 36 — Months: — — Days: —

Sex: Female — Color or Race: colored. — Birthplace: Worcester

Occupation: House keeper — Where Residing if not at place of death: Md.

Married, Single or Widowed: Single — Name of Wife or Husband: None

Father's Name: Henry Taylor — Father's Birthplace: Worcester

Mother's Maiden Name: Elizabeth Dail — Mother's Birthplace: Worcester

Name of person giving In formation: Mary Dail — How related to deceased: aunt

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Heart Trouble — How long: 5 Years

Immediate: Dys. — How long: None

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: Dr. Aydlotte

Address: Snowhill Maryland

Accident or Suicide? County

LIBRARY BUREAU A66518

Name in Full: Comfort Dennis

CERTIFICATE OF DEATH

MARYLAND

Died at (In) Newcastle (County) Worcester

Date of death: Month Feb Day 8 1904 — Age: Years 85 Months Days

TO BE ANSWERED BY NEAREST FRIEND

Sex: Female — Color or Race: Black — Birthplace: Maryland

Occupation — Where Residing if not at place of death

~~Married, Single~~ or Widowed — Name of Wife or Husband

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving Imformation: A. P. Bowen — How related to deceased

179

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary — How long

Immediate — How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: No Physician attendance

Address

Accident or Suicide? undertakers

LIBRARY BUREAU A88016

Name in Full: Bertie Mary Evans

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Near Bishopsville — County: Worcester

Date of death 1904	Month	Day	Years	Months	Days
	Feb	12th	Age	6	28

Sex: Female — Color or Race: White — Birthplace: Maryland

Occupation: None — Where Residing if not at place of death: At Home

Married, Single or Widowed: single — Name of Wife or Husband: None single

Father's Name: Henry Evans — Father's Birthplace: Delaware

Mother's Maiden Name: Ella Jones — Mother's Birthplace: Maryland

Name of person giving Imformation: The Mother — How related to deceased: Mother

79

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Heart Failure — How long: Died immediately

Immediate: Yes — How long: Immediately

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H Brayton Bishopsville Md

Address

Accident or Suicide? ~~Accident or Suicide~~? No

LIBRARY BUREAU A88215

Name in Full: Elizabeth Fendlea

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Pocomoke City; County: Worcester

Date of death: Month: Feby; Day: 23; 1904

Age: Years: 69; Months: 4; Days: 16

Sex: Female; Color or Race: White; Birthplace: Lancaster Co Pa

Occupation: Domestic; Where Residing if not at place of death:

Married, Single or Widowed: Widow; Name of Wife or Husband:

Father's Name: John Jones; Father's Birthplace: Lancaster Co Pa

Mother's Maiden Name: Dyett-Brown; Mother's Birthplace:

Name of person giving Information: William Mills; How related to deceased: Son in law

1854

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Senility; How long:

Immediate: Pulmonary Odema; How long: Two weeks

Are the name, age, sex, color, date and place correctly given above? Cannot say.

Signature of Physician: R Lee Hall

Address: Pocomoke City Md

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Elizabeth B. Richman

CERTIFICATE OF DEATH

MARYLAND

Died in: Town: Snow Hill | County: Worcester

Date of death: 1904 | Month: Feb. | Day: 27. | Age: Years: 82 | Months: 8. | Days:

Sex: Female | Color or Race: White. | Birthplace: Md

Occupation: | Where Residing if not at place of death:

Married, Single or Widowed: Married | Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Kendal Scarbrough | Father's Birthplace: Md

Mother's Maiden Name: Tabitha Scarbrough | Mother's Birthplace: Md.

Name of person giving information: Wm Scarbrough | How related to deceased: brother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: | How long:

Immediate: pneumonia | How long: 4 days

Are the name, age, sex, color, date and place correctly given above?

Signature of ~~Physician~~: W T Hearne

Address: Snow Hill Md

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: ~~Dell~~ Debia Hudson

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Berlin — County: Worcester

Date of death: Month: 2 — Day: 9 — Years: Age 17 — Months — Days

Sex: Female — Color or Race: White — Birthplace: Md

Occupation: — — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: David Hudson — Father's Birthplace: Md

Mother's Maiden Name: Mary " — Mother's Birthplace: "

Name of person giving Imformation: David Hudson — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary — How long

Immediate: Consumption — How long: Seven months

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Ebe Holland

Address: Berlin, Md

Accident or Suicide?

LIBRARY BUREAU A88616

Name in Full: Franklin R. Jones

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Snow Hill; County: Worcester Co.

Date of death 190: Month: Feb; Day: 28; Years: Age. —; Months; Days

TO BE ANSWERED BY NEAREST FRIEND

Sex: male; Color or Race: white; Birthplace: Md

Occupation: Farmer; Where Residing if not at place of death:

Married, Single or Widowed: Married; Name of Wife or ~~Husband~~: Della Jones

Father's Name: Wm Jones; Father's Birthplace: Md

Mother's Maiden Name: Adaline Jones; Mother's Birthplace: Md.

Name of person giving In formation:

How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary:

How long:

Immediate: Consumption

How long: 8 months.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of ~~Physician~~: T. H. Purnell

Address: Snow Hill Md.

Accident or Suicide?

LIBRARY BUREAU A89516

Name in Full: John Sidney Jones

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Near Pocomoke City — County: Worcester

Date of death 190 4	Month	Day	Age Years	Months	Days
	2	14	52	—	—

TO BE ANSWERED BY NEAREST FRIEND

Sex: Male	Color or Race: White	Birthplace: Md	
Married, Single or Widowed: Widowed	Occupation: Farmer		
Name of Wife or Husband: Mary Emma Jones			
Father's Name: Samuel Jones		Father's Birthplace: Md	
Mother's Maiden Name: Elizabeth J. Buttingham		Mother's Birthplace: Md	
Name of person giving In formation: Elizabeth J. Jones		How related to deceased: Mother	

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis	How long: About 1½ yrs
Immediate: Exhaustion	How long: 2 days
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician: F. M. Wilson M.D
	Address: Pocomoke City,
Accident or Suicide?	

LIBRARY BUREAU A68210

Name in Full: Edwin North Puckett

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Snow Hill; County: Worcester

Date of death: Month: Feb; Day: 4; Year: 1904; Age: Years / Months / Days

Sex: male; Color or Race: white; Birthplace: Md

Occupation: —; Where Residing if not at place of death: Snow Hill

Married, Single or Widowed: —; Name of Wife or Husband: —

Father's Name: Harry Puckett; Father's Birthplace: U.S.A.

Mother's Maiden Name: Idah M. Roundtree; Mother's Birthplace: Md.

Name of person giving information: Harry Puckett; How related to deceased: father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Membranous croup

Primary: — How long: —

Immediate: Croup How long: 3 days

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of ~~Physician~~: W T Hearn

Address: Snow Hill Md

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: William Mc Daniel

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Alms House — County: Worcester

Date of death: Month: Feburay — Day: 13 — 1904

Age: Years: 66 — Months: dont know — Days: or

Sex: Male — Color or Race: White — Birthplace:

Occupation: Farmer — Where Residing if not at place of death: at Alms House

Married, Single or Widowed: Single — Name of Wife or Husband: Male

Father's Name: dont know — Father's Birthplace: dont know

Mother's Maiden Name: dont know — Mother's Birthplace:

Name of person giving information: William Jasman — How related to deceased:

166

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Fell down plains — How long:

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Dr Paul Jones

Address: Snow Hill Md

Accident or Suicide? accidente

Wm D Rounds

LIBRARY BUREAU A66616

Name in Full: Annie Gills.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Coulbourne; County: Worcester

Date of death 1904: Month: Feb.; Day: 4; Years: Age 26.; Months: —; Days: —

Sex: Female; Color or Race: White; Birthplace: Md.

Occupation: —; Where Residing if not at place of death: Coulbourne

Married, Single or Widowed: Single; Name of Wife or Husband: —

Father's Name: John H Gills; Father's Birthplace: Md.

Mother's Maiden Name: —; Mother's Birthplace: —

Name of person giving information: Chas. T. Dickson; How related to deceased: none

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: —; How long: —

Immediate: Pneumonia; How long: 6 days.

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of ~~Physician~~: W. T. Heard

Address: Snow Hill Md.

Accident or Suicide?

LIBRARY BUREAU A60816

Name in Full: Jennie A Powell

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cradoctown — County: Worcester

Date of death 1904: Month: Feb. — Day: 11 — Years: 32 — Months: — — Days: —

TO BE ANSWERED BY NEAREST FRIEND

Sex: Female — Color or Race: White — Birthplace: Md

Occupation: — — Where Residing if not at place of death:

Married, Single or Widowed: — — Name of Wife or Husband: Wm Powell

Father's Name: Benjamin T Figgs — Father's Birthplace: Md

Mother's Maiden Name: Mary E. Figgs — Mother's Birthplace: Md.

Name of person giving In formation: Benj. T Figgs — How related to deceased: father

93

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: — How long: —

Immediate: Pneumonia — How long: 9 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: W. E. Fearno

Address: Snow Hill Md.

Accident or Suicide?

LIBRARY BUREAU A66616

Sarah L. Pierce

Name in Full: Sarah Reid

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: ~~Ste~~ Wilbourne; County: Worcester

Date of death 1904: Month: Feb; Day: 3; Years: Age 0; Months: 5; Days: 16

Sex: Female; Color or Race: White; Birthplace: Wilbourne

Occupation: —; Where Residing if not at place of death: —

~~Married, Single or Widowed~~; ~~Name of Wife or Husband~~

Father's Name: E. J. Reid; Father's Birthplace: Md

Mother's Maiden Name: M. V. Taylor; Mother's Birthplace: Md

Name of person giving Imformation: E. J. Reid; How related to deceased: Father

192

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Bronchitis; How long: 6 days

Immediate: Bronchial Pneumonia; How long: 2 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: John D Dickerson

Address: Stockton Md

~~Accident or Suicide~~?

LIBRARY BUREAU A98815

Name in Full

Certificate of Death

No name

Died at Town St. Lukes County Worcester MARYLAND

Date 19 04 Month Feb. 9 Day | Age Y. 4 M. D. | Native of — | Occupation —

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ Number of children living

Husband of Wife

Father's Name Stephen Smullen Mother's Maiden Name Jemima Owens

Cause of Death: Primary Laryngismus Stridulus — How long sick 2 days

Immediate Convulsions — Accident, Suicide, Homicide

Reported by Louis W. Morris M.D.

Address Salisbury Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79899

Name in Full: Mary E. Spangler

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Near Pocomoke City — County: Worcester

Date of death 1904	Month	Day	Years	Months	Days
	2	22	Age 75		

Sex: Female — Color or Race: White — Birthplace: Norfolk Va

Occupation: none — Where Residing if not at place of death: —

Married, ~~Single~~ or ~~Widowed~~ — Name of ~~Wife~~ or Husband: Francis M. Spangler

Father's Name: Henry Lowder — Father's Birthplace: Va

Mother's Maiden Name: Elizabeth Walker Formwalt — Mother's Birthplace: Va

Name of person giving Imformation: Mrs P. White — How related to deceased: Sonn in law

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Typhoid Fever — How long: 1 week

Immediate: General Exhaustion — How long: 48 hours

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J. N. Wallis

Address: Pocomoke City.

Accident or Suicide?

LIBRARY BUREAU A88016

Name in Full: James Fragle

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Pocomoke City Md County: Worcester

TO BE ANSWERED BY NEAREST FRIEND

Date of death: Month: Feby Day: 25 Year: 1904 Age: Years: 42 Months: Days:

Sex: Male Color or Race: Colored Birthplace: Worcester Co. Md

Occupation: Barber Where Residing if not at place of death: —

Married, Single or Widowed: Married Name of Wife or Husband: Louisa Jane Fragle

Father's Name: Don't Know Father's Birthplace:

Mother's Maiden Name: Don't Know Mother's Birthplace:

Name of person giving Information: Peter Armstrong How related to deceased: None

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis How long: Don't Know

Immediate: Acute Exacerbation of Chronic Laryngitis with Edema How long: 4 weeks

Are the name, age, sex, color, date and place correctly given above? Don't Know

Signature of Physician: R. E. Hall

Address: Pocomoke City Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Dolly Thomas

CERTIFICATE OF DEATH

MARYLAND

Died at: Feb 10 — Town: Near Berlin — County: Worcester

Date of death: 1904 Feb 10 — Age: 22 Years — Months — Days

Sex: Female — Color or Race: White — Birthplace: near St Martins

Occupation: Housewife — Where Residing if not at place of death: yes

Married, ~~Single~~ or Widowed — ~~Name of Wife or~~ Husband: George Thomas

Father's Name: Robert Baker — Father's Birthplace: Wor Co

Mother's Maiden Name: Nancy Baker — Mother's Birthplace: Wor Co

Name of person giving Imformation — How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Manuel delivery of dead Hydrocephalic monster. — How long

Immediate: Blood Poisoning — How long: 2 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: C W Dirickson

Address: Berlin Md

Accident or Suicide?

LIBRARY BUREAU A83818

Name in Full: Alfred Townsend

CERTIFICATE OF DEATH

MARYLAND

Died at: Berlin (Town) — Worcester (County)

Date of death: Month 2, Day 10, 1904 — Age: Years 64, Months 2, Days

Sex: Male — Color or Race: White — Birthplace

Occupation: Farmer — Where Residing if not at place of death

Married, Single or Widowed — Name of Wife or Husband: No wife Widower

Father's Name: ——— — Father's Birthplace: Md

Mother's Maiden Name: ——— — Mother's Birthplace: "

Name of person giving Information: Edward Townsend — How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary — How long

Immediate: Consumption. — How long: 1 year

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Chas Holland

Address: Berlin Md

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A88816

Name in Full: Alice Williams

CERTIFICATE OF D

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Sykesville — County: Worcester

Date of death 190 4 — Month: 2 — Day: 4 — Years: 35 — Months: — — Days: —

Sex: Female — Color or Race: White — Birthplace: Md.

Occupation: House Keeper — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: Jenkins Williams — Father's Birthplace: Md.

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving Imformation: Thos Richardson — How related to deceased: None

134

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Confinement — How long: 36 hours

Immediate: Internal Hemmhage & Shock — How long: 9 hours after delivery

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Eve Hollard

Address: Berlin Md.

Accident or Suicide?

LIBRARY BUREAU A88618